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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	138264SV/YOD	Total Pages	51
	GEMS:0250			
	First Named Inventor or Application Identifier			
	Peter Chan			
Express Mail Label No.		EV 410 033 928 US		

22264 U.S. PTO 10/723938



<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents <b>ADDRESS TO:</b> Mail Stop Patent Application, P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification <b>Total Pages 28</b> <i>(preferred arrangement set forth below)</i> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings <i>(if filed)</i> -Detailed Description -Claim(s) -Abstract of the Disclosure	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b> 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <b>Total Sheets 5</b> <b>Total Pages 15</b> 4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>(Note Box 5 below)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			

17 ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_/\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
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112603

01919 U.S. PTO

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<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>			
		Application Number	unassigned		
		Filing Date	herewith		
		First Named Inventor	Peter Chan		
		Group Art Unit	unknown		
		Examiner Name	unknown		
TOTAL AMOUNT OF PAYMENT	(\$)	1,710.00	Attorney Docket Number	138264SV/YOD (GEMS:0250)	

<b>METHOD OF PAYMENT (check one)</b>			<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number <b>502402/138264SV/YOD (GEMS:0250)</b>  Deposit Account Name <b>GE Medical Systems</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)  2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Typed or Printed Name	Patrick S. Yoder	Reg. Number	37,479		
Signature		Date	November 26, 2003	Deposit Acct. User ID	502402/138264SV/YOD (GEMS:0250)